

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U.S. 1-1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1942

Registration District No. 578

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5743

42465

State File No.

Registrar's No. 6

1. PLACE OF DEATH: **Marion**
(a) County **Marion**
(b) City or town **Rural**
(c) Name of hospital or institution: **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 years** (Specify whether years, months or days)
In this community **18 years**

3. (a) PRINT FULL NAME **Joseph Myers**
3. (b) If veteran, name war. **0**
3. (c) Social Security No. **2**
4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Elizabeth Myers**
6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **Dec. 18 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **25**
If less than one day hr. min.

9. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farming**

11. Industry or business **Charles C. Myers**
12. Name **Germany**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Koeflinger**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **W. J. Myers**
(b) Address **Palmyra, Mo.**
17. (a) **Burial** (b) Date thereof **1/15/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Palmyra Mo.**
18. (a) Signature of funeral director **Lewis Bros**
(b) Address **Palmyra, Mo.**
19. (a) **Jan 18-42** (b) **Mrs Margaret Madley**
(Date received local registrar) (Deputy Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **664**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **10** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **12** year **1942** hour **3** minute **30** M.
21. I hereby certify that I attended the deceased from **Nov 15** to **Jan 12** 19**42**
that I last saw him alive on **Jan 11** 19**42**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary fibrillation** Duration **42**

Due to **Myocardial stenosis**
Due to

Other conditions (Include pregnancy within 3 months of death) **92b**
Major findings: Of operations **92b**
Of autopsy **92b**
PHYSICIAN **92b**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **92b**
(b) Date of occurrence **92b**
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury **92b**
23. Signature **J. H. Hall** (M. D. or other) **MD**
Address **Palmyra, Mo.** Date signed **1/16/42**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.